

09/11/03
16562 U.S. PTO

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate
(check, if applicable)

19704 U.S. PTO
10/6/0002
09/11/03

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 6527-17US (111371)
First Named Inventor: Jürgen FORTIN et al.
Express Mail Label No.: EV199927657US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

MEDICAL STRIP ELECTRODE

which is:

an [] Original; or
a [X] Continuation, [] Divisional, or [] Continuation-in-part (CIP)
of prior International Patent Application No. PCT/AT02/00081 filed March 21, 2002.
Anticipated Group/Art Unit: or Class , Subclass .
[] This non-provisional patent application is based on Provisional Patent Application No. ,
filed .

Enclosed are:

[X] Specification (including Abstract) and claims: 12 pages.
[X] 3 sheets of drawings (formal).
[] Application Data Sheet.
[X] Newly unexecuted Declaration (copy).
[] Copy of Declaration from prior application.
[] Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
[] Microfiche computer program (Appendix).
[] Nucleotide and/or Amino Acid Sequence Submission, including:
[] Computer readable copy [] Paper Copy [] Verified Statement.
[] Under PTO-1595 Cover Sheet, an assignment of the invention
[X] Name of Assignee: **CNSYSTEMS MEDIZINTECHNIK GMBH and
NESSLER MEDIZINTECHNIK GMBH**
[] Certified copy(ies) of Application No(s). filed is/are filed:
[] herewith or [] in prior application .
[X] Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as [] an Independent Inventor, or [X] a Small Business Concern,
or [] a Non-Profit Organization.
[] Preliminary Amendment.
[X] Information Disclosure Statement, PTO/SB/08A, and cited references.
[] Request for Nonpublication of Application Under 35 U.S.C. §122(b)
[] Other:

The filing fee is calculated as follows:

CLAIMS	NO. FILED	NO. EXTRA	SMALL ENTITY		LARGE ENTITY		
			BASIC FEE: \$375		BASIC FEE: \$750		
Total	16-20 =	0	X9	\$	OR	X18	\$
Independent	1- 3 =	0	X42	\$	OR	X84	\$
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$ 375.00	OR	TOTAL	\$

[] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts

[X] A check in the amount of **\$375.00** to cover the filing is enclosed.

[X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 206527.0017)** as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee.

[] Filing fee in the amount of \$_____ as calculated above.

[X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

[X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

September 11, 2003 By: William W. Schwarze
(Date)

WILLIAM W. SCHWARZE

Registration No. 25,918

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

Direct Dial: 215-965-1270

Facsimile: 215-965-1210

E-Mail: wschwarze@akingump.com

[X] Customer Number or Bar Code Label: **000570**

WWS:smr
Enclosures